EXPRESS MAIL LABEL NO. EL399090532US

Attorney Docket No. 7963-1079U1

DECLARATION AND POWER OF ATTORNEY

(Original Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

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14.12			
the specification	on of which is attached h	nereto and/or was filed on	
as Application	No	<u>:</u>	
	I hereby state that I hav	e reviewed and understand the conte	ents of the above-
identified spec	ification, including the	claims, as amended by any amendme	ent referred to herein.
	I acknowledge the duty	to disclose information which is ma	terial to patentability
in accordance	with Title 37, Code of F	ederal Regulations, Section 1.56.	
	I hereby claim foreign p	priority benefits under Title 35, Unit	ed States Code,
Section 119(a)	-(d), of any foreign appl	ication(s) for patent or inventor's ce	rtificate listed below
and have also	dentified below any for	eign application for patent or invent	or's certificate having a
filing date befo	ore that of the applicatio	n on which priority is claimed:	
	FOREIGN	PRIORITY APPLICATION(S)	
	rongigivi	THORIT ATTEMATION OF	Priority Claimed
NONE			[] Yes [] No
(Number)	(Country)	(Day/month/year filed)	

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional patent application(s) listed below and have also identified below any United States provisional patent application(s) having a filing date before that of the application on which priority is claimed:

PROVISIONAL PRIORITY PATENT APPLICATION(S)

		Priority Claimed
60/202,391	May 8, 2000	[X] Yes [] No
(Application No.)	(Filing Date)	

And I hereby appoint the registered attorneys and agents associated with AKIN, GUMP, STRAUSS, HAUER & FELD, L.L.P., Customer No. 000570, as my attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to Customer No. 000570, namely, AKIN, GUMP, STRAUSS, HAUER & FELD, L.L.P., One Commerce Square, 2005 Market Street, Suite 2200, Philadelphia, Pennsylvania 19103. Please direct all communications and telephone calls to Louis Sickles II, Esquire at 215-965-1294.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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Duplicate

EXPRESS MAIL LABEL NO. EL399090532US

FORM PTO-1595 (Modified) 1-31-92

RECORDATION FORM COVER SHEET PATENTS ONLY

U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office

Attorney Docket

IA	No.: 7963-1079U1			
To the Assistant Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.				
1. Name of conveying party(ies): Eric Eckstein John Paranzino Nimesh Shah 3. Nature of conveyance: [X] Assignment [] Merger [] Security Agreement [] Change of Name [] Other: Execution Dates: May 2 and 3, 2001	2. Name and address of receiving party(ies): Checkpoint Systems, Inc. 101 Wolf Drive Thorofare, New Jersey 08086 (a Pennsylvania corporation)			
 4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution dates of the application is: May 2 and 3, 2001 				
A. Patent Application No.(s):	B. Patent No.(s):			
Additional numbers attached?[] Yes [X] No				
 Name and address of party to whom correspondence document should be mailed: Louis Sickles II, Esquire AKIN, GUMP, STRAUSS, HAUER & FELD, L.L.P. One Commerce Square - 2005 Market Street - Suite 2200 Philadelphia, PA 19103 Telephone: (215) 965-1200 Direct Dial: (215) 965-1294 Facsimile: (215) 965-1210 E-Mail: lsickles@akingump.com 	 6. Total number of applications and patents involved: [1] 7. Total fee (37 C.F.R. 3.41) Cal. 1 x \$40.00 = \$40 [X] Check enclosed [] Authorized to be charged to deposit account 8. Deposit account number: 50-1017 (Billing No.: 207963.1130) 			
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9. Statement and signature To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Louis Sickles II Name of Person Signing Reg. No. 45,803 Total number of pages including cover sheet, attachments and document: [4]				
ניביד (בעף ייבור (בעף ייבור)				